Docket No. SYB/0110.01

PTO/SB/81 (06-03) Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | |
|---|------------------------|---|
| | Filing Date | |
| | First Named Inventor | Chitkara |
| | Title | Decahers System Providing SQL Extensions for Australia Entryption and Decryption of Column Data |
| | Art Unit | Unassigned |
| | Examiner Name | Unassigned |
| | Attorney Docket Number | SYB/0110.01 |

| Persolitioners at Customer Number: 31779 | | |
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| Practitioner(s) named below: Name | I hereby appoint: | · · · |
| Practitioner(s) named below: Name | X Praclitioners at Customer Number. 31779 | |
| Address City Country Telephone Telep | OR L. | |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-memtioned Customer Number: OR | Name | Registration Number |
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| Please recognize or change the correspondence address for the above-identified application to: X | as my/our attorney(s) or agent(s) to prosecute the application identified abortrademark Office connected therewith. | ve, and to transact all business in the United States Patent and |
| The address associated with Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am ths: X Applicant/Inventor. Assignee of record of the entire interest. See 57 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara Signature Country Telephone 510 - 513 - 0158 NOTE: Signatures of all the Inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | abiliard complication to |
| The address associated with Customer Number: OR Firm or Individual Name Address Address Address City State Zip Country Telephone Fsx I am the: X Applicant/Inventor, Assignee of record of the entire interest. See S7 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara Signature Rodon Note: Signatures of all the Inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | nulled application to: |
| The address associated with Customer Number: OR Firm or Individual Name Address Address City Country Telephone Fax Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignee of Record Name Rejnish K. Chitkara Signature Cate October 11, 2004 Telephone Telephone Figure Telephone Telephone Signatures of all the Inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | The above-mentioned Customer Number: | |
| The address associated with Customer Number: OR Firm or Individual Name Address Address City State Zip Country Telephone Fsx I sm the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara Signature Ross Signature Signature of all the Inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | OP. | |
| Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara Signature Rajnish Chitkara Signature Cate October 11, 2004 Telephone 510 - 573 - 0158 NOTE: Signatures of all the Inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
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| Individual Name Address Address City Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See S7 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara Signature Cate Cotober 11, 2004 Telephone Telephone Telephone Signatures of all the Inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | |
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| City State Zip Country Telephone Fsx am the: X Applicant/Inventor. | | |
| Telephone Fax Tam the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara Signature Rajnish K. Chitkara | | |
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| Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara SIgnature Date October 11, 2004 Telephone 510 -513 - 0158 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignee of Record Name Rajnish K. Chitkara Signature Date October 11, 2004 Telephone 510 -513 - 0158 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | [1] | |
| Signature of Applicant or Assignee of Record Name Rajmish K. Chitkara Signature Rajmish K. Chitkara Telephone 510 -513 - 0158 NOTE: Signatures of all the Inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Applicant/Inventor. | |
| Name Rajnish K. Chitkara Signature Date October 11, 2004 Telephone Signatures of all the Inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | |
| Signature Rose 11, 2004 Date October 11, 2004 NOTE: Signatures of all the Inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | SIGNATURE of Applicant or | Assignee of Record |
| NOTE: Signatures of all the Inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Name Rajnish K. Chitkara | |
| NOTE: Signatures of all the Inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Signature Kajunt | |
| forms If more than one signature is required, see below*. | Date October 11, 2004 | Telephone 510 -573 - 0158 |
| *Total of 3 forms are submitted. | NOTE: Signatures of all the Inventors or assignoes of record of the entire interest or the forms if more than one signature is required, see below. | eir representativo(s) arc required. Submit multiple |
| | *Total of 3 forms are submitted. | |

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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | |
| | Filing Date | |
| | First Named Inventor | Chitkara |
| | Title | Decabase System froviding SOL Excensions for Australia Energytics and Decryption of Column Data |
| | Art Unit | Unassigned |
| | Examiner Name | Unassigned |
| | Attorney Docket Number | SYB/0110.01 |

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| Thereby appoint: | | _ |
| X Practitioners at Customer Number: 31775 | , | |
| OR | | |
| Practitioner(s) named below: | | |
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| X Applicant/Inventor. | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96 |) | |
| SIGNATURE of Applicant or Assignee of Record | | |
| Name Barbara J. Banks | | |
| Signature Barkern 1). Banks | | |
| Date October 11, 2004 | | Telephone (5(0) 548 - 8408 |
| NOTE: Signatures of all the inventors or sasignees of record of the entire interest or forms if more than one signature is required, see below. | their representative | e(s) are required. Submit multiple |
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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | |
| | Filing Date | |
| | First Named Inventor | Chitkara |
| | Title | Database System Providing SQL Extensions for Automated Entryption and Decryption of Column Data |
| | Art Unit | Unassigned |
| | Examiner Name | Unassigned |
| | Attorney Docket Number | SYB/0110.01 |

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| I hereby appoint: | | | |
| X Practitioners at Customer Number: | 31779 | | |
| OR | | | _ |
| Practitioner(s) named below: | | | |
| Name | | | Registration Number |
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| Assignee of record of the entire into Statement under 37 CFR 3,73(b) is | erest. See 37 CFR 3.71. enclosed. (Form PTO/SB/96) | | |
| | SIGNATURE of Applicant or | r Assignee of R | Record |
| Name Anita R. Patel | | | |
| Signature art parte | <i>l</i> | | |
| Date October 11, 2004 | | | Telephone (510) 267-1060 |
| NOTE: Signatures of all the inventors or assigneed forms if more than one signature is required, see the | s of record of the entire interest or the elow*. | heir representative | e(s) are required. Submit multiple |
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